

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE**  
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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23373 7590 11/17/2005

**SUGHRUE MION, PLLC**  
**2100 PENNSYLVANIA AVENUE, N.W.**  
**SUITE 800**  
**WASHINGTON, DC 20037**

02/14/2006 MBEYENE2 00000158 10078392

01 FC:1501	1400.00 OP
02 FC:1504	300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/078,392	02/21/2002	Dominique Chiaroni	Q68601	5621

TITLE OF INVENTION: OPTICAL PACKET NODE AND OPTICAL PACKET ADD DROP MULTIPLEXER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	02/17/2006
EXAMINER		ART UNIT	CLASS-SUBCLAS S		
WANG, LEMING		2638	398-079000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

1\_ SUGHRUE MION, PLLC

2\_

3\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ALCATEL

Paris, France

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies \_\_\_\_\_

A check is attached for the NOA Fees payment. Please charge any payment deficiency and credit overpayment to PODA 19-4880. A duplicate copy of this form is attached. credit any overpayment, to copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Typed or printed name \_\_\_\_\_

David J. Cushing

Registration No. \_\_\_\_\_

28,703

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